

**STATE OF NEVADA
RESIGNATION FROM STATE SERVICE
OR NOTICE OF TRANSFER TO ANOTHER AGENCY**

NAME: _____

EMPLOYEE ID#: _____

AGENCY: _____

HOME ORG: _____

Effective _____ at _____ a.m. or p.m. (circle one) I will be:
(Last Work Day) (Hour)

☐ Transferring from _____ to _____
(Department/Division) (Department/Division)

NOTE: If you are transferring to LCB or NSHE you will be considered a Transfer even though your ESMT-A will indicate a Termination code. This is due to switching over from the Central Payroll system to either the LCB or NSHE payroll system.

If you are transferring from a classified position to an unclassified position you will no longer have rights as a classified employee and will not have rights back to your classified position. _____
Initials

☐ Resigning/Terminating from State Service for the reason of: _____

_____. My mailing address

is/will be: _____
(street address/P.O. Box, city, state, zip)

Employee's Signature _____ Date _____

Acceptance of Transfer or Resignation _____
(Signature of Appointing Authority or Their Designee)

(Printed Name of Appointing Authority or Their Designee)

Date and Time _____

RESIGNATION INFORMATION ONLY

You are hereby advised that in accordance with NRS 284.381 once your written resignation from State Service is accepted by your appointing authority, you may not revoke the resignation regardless of the effective date set forth if three or more working days have elapsed since its acceptance unless your appointing authority approves the revocation.

This document will not terminate employment. An ESMT-A must be completed and submitted to the Division of Human Resource Management, Central Records by your agency's human resource office.